

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 19 A 10:12

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)	
C00197202 121500 P	ted
JANET M BLAKESLEY BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC FKA CAREPA 1135 SW TOPEKA BLVD CC 830 12TH FLOOR TOPEKA KS 66629	
2. FEC IDENTIFICATION NUMBER	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand January 1, XX 2000		\$ 1,885.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,022.66	
(c) Total Receipts (from Line 1B)	\$ 1,977.36	\$ 17,222.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(s) and 6(o) for Column B)	\$ 3,000.02	\$ 19,108.02
7. Total Disbursements (from Line 3D)	\$ 885.00	\$ 16,993.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,115.02	\$ 2,115.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JANET M. BLAKESLEY

Signature of Treasurer

Janet M. Blakesley

Date

1/15/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 8/99)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC		REPORT COVERING PERIOD		
		FROM 11/28/2000	TO 12/31/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	879.00	5,591.00	11(a)(i)
	ii. Unitemized	1,094.75	11,576.00	11(a)(ii)
	iii. Total (add i and ii) >	1,973.75	17,167.00	11(a)(iii)
	b. Political Party Committees	0.00	0.00	11(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
	d. Total Contributions (add a ii, b and c) >	1,973.75	17,167.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	3.61	55.31	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,977.36	17,222.31	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	1,977.36	17,222.31	20
II. Disbursements				
21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(i)
	ii. Non-Federal Share	0.00	0.00	21(a)(ii)
	b. Other Federal Operating Expenditures	0.00	0.00	21(b)
	c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	635.00	6,985.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
	a. Individual/Persons Other Than Political Committees	0.00	108.00	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds (add a, b and c) >	0.00	108.00	28(d)
29.	Other Disbursements	250.00	9,900.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	885.00	16,993.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	885.00	16,993.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	1,973.75	17,167.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	108.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1,973.75	17,059.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 8
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FREDRICK D. PALENSKE 6225 VORSE RD AUBURN, KS 66402	BLUE CROSS & BLUE SHIELD OF KANSAS, INC.	BIWEEKLY PAYROLL DEDUCTION	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR, LEGISLATIVE/REG.	Aggregate Year-to-Date > \$ 260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN W. KNACK, JR. 5633 HAWICK LANE TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT & CEO	Aggregate Year-to-Date > \$ 520.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN D. MURRELL 4325 SW EAGEL POINT RD TOPEKA, KS 66610	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	27.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT & COO, AIC	Aggregate Year-to-Date > \$ 234.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALVIN E. CALLAHAN 4422 COLLY CREEK DRIVE TOPEKA, KS 66610	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, CORP EDF AUDIT	Aggregate Year-to-Date > \$ 338.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID E. MANLEY 3429 SW STONYBROOK DR TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, SUB SERV & GOV PROGRAMS	Aggregate Year-to-Date > \$ 390.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONI L. DAVIS-WATSON 3121 SW BELLE AVE TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, PRIMARY SERVICES	Aggregate Year-to-Date > \$ 260.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROSE A. MORROW 3920 SW 39TH TERR TOPEKA, KS 66610	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, SPECIAL GRP CLAIMS	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional) \$261.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 4 OF 8
FOR LINE NUMBER 1111

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NAME OF COMMITTEE (In Full)

BLUE CROSS AND BLUE SHIELD OF KANSAS EMPLOYEE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA K. VONDEMAMP 6300 SE 61ST ST. TECUMSEH, KS 66542	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, GOVERNMENT PROGRAMS	Aggregate Year-to-Date > \$ 390.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL A. SLAVIN 4822 WEST HILLS DR TOPEKA, KS 66606	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR, MEDICARE/MEDICAID	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESLIE D. WATSON 3121 SW BELLE TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR, PAYMENT SAFEGUARD	Aggregate Year-to-Date > \$ 468.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSTY E. DOTY 4611 SE PAULEN RD BERRYTON, KS 66409	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	27.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, HCAID PROV REL	Aggregate Year-to-Date > \$ 234.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARRY E. TRULSON 315-1 HOUSTON STREET MANHATTAN, KS 66502	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GROUP CONSULTANT	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY F. COCHRAN 257 N. BROADWAY WICHITA, KS 67202	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GROUP CONSULTANT	Aggregate Year-to-Date > \$ 390.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHERIAN CONWELL-BETZ 2731 MCALISTER TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR, SPECIALTY PROVIDER REL.	Aggregate Year-to-Date > \$ 208.00	

SUBTOTAL of Receipts This Page (optional)

\$255.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BLUE CROSS & BLUE SHIELD OF KANSAS, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN L. REEDY 5722 SW 27TH TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ASST MGR., S & P Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD H. DANIELS 7209 SW PALACE DRIVE TOPEKA, KS 66610	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PROJECT LEADER Aggregate Year-to-Date > \$ 260.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN, E. ROLIN 515 SW SALINE TOPEKA, KS 66606	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	27.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR SYSTEMS ANALYST Aggregate Year-to-Date > \$ 234.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARREL L. BRAKE 6017 SW 38TH TOPEKA, KS 66610	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	33.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, SYSTEMS & PROGRAMMING Aggregate Year-to-Date > \$ 286.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. SCHROEDER 1501 SW BELLE AVE. TOPEKA, KS 66604	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	33.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: IS STANDARDS & BUS RESUMPTION Aggregate Year-to-Date > \$ 286.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CURTIS J. CLARK 5124 SW 33RD TERRACE TOPEKA, KS 66614	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: IRM SR TECHNICIAN Aggregate Year-to-Date > \$ 390.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD R. LYNN 6936 LAKE RIDGE PARKWAY OZAWKIE, KS 66070	BCBSKS, INC.	BIWEEKLY PAYROLL DEDUCTION	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, FINANCE Aggregate Year-to-Date > \$ 442.00		

SUBTOTAL of Receipts This Page (optional) \$249.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

BLUE CROSS & BLUE SHIELD OF KANSAS EMPLOYEE PAC

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>RONALD D. SIMMONS 108 MARILYN DRIVE HOLTON, KS 66436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BCBSKS, INC.</p> <p>Occupation MGR. COST ACCOUNTING</p> <p>Aggregate Year-to-Date \$ 338.00</p>	<p>Date (month, day, year) BIWEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period \$39.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>RALPH H. WEBER II 9526 SE RATNER ROAD BERRYTON, KS 66409</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BCBSKS, INC.</p> <p>Occupation VP, MEDICAL AFFAIRS</p> <p>Aggregate Year-to-Date \$ 650.00</p>	<p>Date (month, day, year) BIWEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$879.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

BLUE CROSS & BLUE SHIELD OF KANSAS EMPLOYEE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G. STREET NW, 12TH FLOOR WASHINGTON, D.C. 20005		12/12/00	\$635.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$635.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

BLUE CROSS & BLUE SHIELD OF KANSAS EMPLOYEE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KANSANS FOR A DEMOCRATIC HOUSE P.O. BOX 2083 TOPEKA, KS 66601	CONTRIBUTION/STATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	\$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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